

1192393288

**LADWIG CASE DISCLOSURE/REPRESENTATION****Authorization Form****ARIZONA FORM****285-L**

ARIZONA DEPARTMENT OF REVENUE

PO BOX 29099, PHOENIX, AZ 85038-9099

**IMPORTANT:** This form is processed by a computerized scanner, use black or blue ink only. Please do not staple or submit a photocopy. Write legibly in each box avoiding contact with the lines.

**TAXPAYER INFORMATION - Please print or type only.**

First Name												Mi	Last Name											
<input type="text"/>												<input type="text"/>	<input type="text"/>											
Spouse First Name (Complete only for joint POA.)												Mi	Last Name											
<input type="text"/>												<input type="text"/>	<input type="text"/>											
Your Social Security Number				Spouse Social Security Number				Daytime Phone Number																
<input type="text"/> - <input type="text"/> - <input type="text"/>				<input type="text"/> - <input type="text"/> - <input type="text"/>				<input type="text"/> - <input type="text"/> - <input type="text"/>																
Present Address (Number, Street, Rural Route, Apartment)																								
<input type="text"/>																								
City																								
<input type="text"/>																								
State		Zip Code																						
<input type="text"/>		<input type="text"/> - <input type="text"/>																						

**APPOINTEE INFORMATION - Please print or type**

First Name												Mi	Last Name											
<input type="text"/>												<input type="text"/>	<input type="text"/>											
Social Security Number				State Bar Number				State																
<input type="text"/> - <input type="text"/> - <input type="text"/>				<input type="text"/>				<input type="text"/>																
IRS Enrolled Agent Number				Certified Public Accountant Number				State																
<input type="text"/>				<input type="text"/>				<input type="text"/>																
Present Address (Number, Street, Rural Route, Apartment)																								
<input type="text"/>																								
City																								
<input type="text"/>																								
State		Zip Code		Daytime Phone Number																				
<input type="text"/>		<input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>																				

**POWER OF ATTORNEY.** By accepting the taxpayer grants the appointee named above a power of attorney to perform any and all acts that the taxpayer can perform with regard to tax matters related to the Ladewig class action claim. This power is in addition to the existing authority of class counsel to act on taxpayer's behalf.

☐ **Accept**

**CORESPONDENCE.** The Department will mail correspondence only to the appointee. By accepting, you indicate you want all correspondence mailed to the taxpayer named above rather than the appointee. The taxpayer will provide any copies to the appointee named above.

☐ **Accept**

**REVOCATION OF EARLIER AUTHORIZATION(S).** This authorization **does not revoke** any earlier authorizations or Powers of Attorney on file with the Arizona Department of Revenue.

**SIGNATURE & CERTIFICATION OF OR FOR TAXPAYER.** I hereby certify that the representative above named is authorized to perform the acts described herein and that the Arizona Department of Revenue is authorized to release any and all confidential information concerning the above-mentioned Taxpayer related to the Ladewig class action claim. I understand that to knowingly prepare or present a document which is fraudulent or false is a class 5 felony pursuant to A.R.S §42-1127(B)(2).

Signature of Taxpayer

Signature of Appointee

Print Name

Print Name

Signature Date (example: 08 / 10 / 2000 )

 /  / 

Signature Date (example: 08 / 10 / 2000 )

 /  /